



Australian Institute of Radiography

ABN 26 924 779 836

APPLICATION

for assessment of radiography qualifications and
clinical experience obtained outside Australia

in Radiography (Diagnostic)

or
Radiation Therapy

or
Ultrasound

Please select appropriate box(es)

NOTICE TO APPLICANTS

**Your course and undergraduate clinical practice will be compared
with the course current in Australia at the time of your qualification**

Post graduate clinical experience and relevant academic courses or
ongoing education programs are fundamental to this assessment

**Your application will ONLY be assessed when *all* of the relevant
documents listed are included**

Post application to

AUSTRALIAN INSTITUTE OF RADIOGRAPHY
PO Box 1169 Collingwood
Victoria 3066 Australia

tel +61 3 9419 3336
fax +61 3 9416 0783
email osassess@A-I-R.com.au
Web site www.A-I-R.com.au/applicationforms

APPLICATION FOR ASSESSMENT OF QUALIFICATIONS OBTAINED OUTSIDE AUSTRALIA

Please use block letters and a blue or black pen to complete this form

Documents in support of this application that are **not in English** are to be translated into English and certified as true copies by a Government Body such as The Department of Immigration and Multicultural Affairs or Australian Consulate or Embassy overseas.

If insufficient space is provided in any section, list details on a separate page.

OFFICE USE ONLY

No _____

Date received _____

SECTION A PERSONAL DETAILS (including evidence of change of name if applicable)

Title Mr Mrs Miss Ms Dr

Surname/Family name _____ Given names _____

Street address _____ Town/Suburb _____

State _____ Postcode _____ Country _____

Telephone (home) _____ Telephone (work) _____

Email address _____

Date of Birth / / Male or Female

Residency status Non-Resident Temporary Permanent Australian Citizen

First language English Yes No If NO, attach evidence of fluency in English (IELTS or OET result)

SECTION B ACADEMIC DETAILS (complete summary of course hours sheet in Section E)

Country where qualifications were obtained _____

Name of Institution attended _____

Date course commenced / / Date course finished / /

Name of qualification obtained _____

(Attach certified copies of qualification and of syllabus and curriculum of the course you completed)

Total number of hours spent in academic component _____

Total number of hours spent in clinical component _____

Comment (if necessary) _____

Relevant post-graduate education

1 Name of Institution attended _____

Title of qualification obtained _____ Course duration _____

(Attach certified copies of qualification and course syllabus)

Full Time Part Time Pass Yes No

2 Name of Institution attended _____

Title of qualification obtained _____ Course duration _____

(Attach certified copies of qualification and course syllabus)

Full Time Part Time Pass Yes No

Name and membership number of professional society, registration body or other form of accreditation

(Attach certified copy of registration/ licence/ membership)

SECTION C CLINICAL EXPERIENCE

Complete the table below outlining clinical experience gained. **Attach letters** from your past and present employers as verification of your post graduate clinical experience. Letters are to include details of work performed by you (include % breakdown of modalities performed), duties and responsibilities held by you and whether your employment was full or part time. Documentation from your employers is to be verified (signed and dated) by the Head of Department on official Hospital or Departmental letterhead. If insufficient space, list on a separate page. **Copies must be certified and attached to this application.**

| PLACE OF EMPLOYMENT | DATES OF EMPLOYMENT | | FULL TIME | PART TIME | EMPLOYER DOCUMENTED | |
|---------------------|---------------------|----|-----------|-----------|---------------------|----|
| | From | To | | | Yes | No |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

PROFESSIONAL DEVELOPMENT include evidence of additional professional development relevant to this application

SECTION D PAYMENT AUTHORITY (see A-I-R website for current cost of assessment)

Payment of fee, which must be included with the application, is by bank cheque in Australian Dollars drawn on an Australian Bank or by MasterCard or Visa Card. Overseas currency is not acceptable. **Do not send cash.** Cheque to be made payable to: *Australian Institute of Radiography*

Credit Card details **Visa** **MasterCard** Number _____

Expiry date / I hereby authorise the Australian Institute of Radiography to debit AUD\$ _____ as payment of assessment fee

Signature of cardholder _____ Name as stated on card (*please print*) _____

SECTION E SUMMARY OF COURSE HOURS (academic contact hours plus clinical education hours)

This form is a summary only and does not replace or substitute for the certified course documentation

Shared (multi-professional) courses in *Italics*

If subjects completed by you are not listed below, include in space provided

| SUBJECT | Hours Year 1 | Hours Year 2 | Hours Year 3 | Course total |
|---|--------------|--------------|--------------|--------------|
| <i>Anatomical sciences</i> | | | | |
| <i>Physiology</i> | | | | |
| <i>Physics for radiography</i> | | | | |
| <i>Professional development</i> | | | | |
| <i>Practice of imaging</i> | | | | |
| <i>Science of imaging</i> | | | | |
| <i>Pathologies</i> | | | | |
| <i>Research methods</i> | | | | |
| <i>Integrated (professional) studies</i> | | | | |
| Year totals academic education (hours) | | | | |
| Year totals clinical education (hours) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| GRAND TOTALS | | | | |

SECTION F CHECK LIST FOR APPLICANT

(these documents must be included or your application will not be processed – all copies to be certified)

Please indicate **Office use only**

Section A

Application must be accompanied by:

- | | | | |
|---|--|--------------------------|--------------------------|
| 1 | Official evidence of change of name, if applicable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Copy of Australian residency status indicated in passport or evidence of Australian Citizenship (for those who already hold a visa). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Evidence of fluency in and understanding of English, where English is not the applicant's first language. IELTS or OET results to be included. | <input type="checkbox"/> | <input type="checkbox"/> |

Section B

In addition to completed details on the application form, the following documents are required:

- | | | | |
|---|--|--------------------------|--------------------------|
| 4 | Copy of your qualification in the original language and English translation, if applicable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Syllabus and curriculum of the course you completed in the original language and English translation if applicable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Evidence of additional and/ or post-graduate qualifications. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Current registration to practice certificate or licence (as applicable in your country) and/ or membership of your country's professional society. | <input type="checkbox"/> | <input type="checkbox"/> |

Section C

- | | | | |
|----|---|--------------------------|--------------------------|
| 8 | Completed table of clinical experience after qualification. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Documentation on official departmental letterhead from past and present employers, verifying experience gained(% breakdown of modalities, specific duties and responsibilities, full/ part time). | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Evidence of additional professional development relevant to this application. | <input type="checkbox"/> | <input type="checkbox"/> |

Section D

- | | | | |
|----|--|--------------------------|--------------------------|
| 11 | Payment details completed (cheque or credit card). | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

Section E

- | | | | |
|----|--|--------------------------|--------------------------|
| 12 | Summary sheet completed with details of subjects including hours/ subject/ year of the course. | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

Section F

- | | | | |
|----|--|--------------------------|--------------------------|
| 13 | Check List completed and guide to completing application form noted. | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

Comments if necessary

GUIDE TO COMPLETING THIS APPLICATION FORM

SUPPORTING DOCUMENTATION

Your application will not be processed until all the requested supporting documentation is received.

Certified copies

Do not send original documents, as their return cannot be guaranteed. Certified copies are to be submitted.

A *certified copy* of a document means a copy authorised or stamped as being a true and correct copy of the original document by a person or agency recognised by the law of your country. In Australia, it must be certified by a Justice of the Peace, Commissioner for Declarations or a person before whom a statutory declaration may be made. e.g. accountant, lawyer, doctor, police officer.

English language requirements

If English is not your first language, you are required to provide evidence of understanding and fluency in English. The AIR requirement is evidence of:

- A score of not less than **Level 7 Academic** in the *IELTS* English Language Test* *or*
- **Level B** overall result in the Australian Occupational English Test (*OET*) *or*
- Evidence of completion of professional training in English or 3 years' experience where English is the first language.

This evidence is required before your application will be finalised.

*Contact www.ielts.org or Language Australia for information on *OET* www.languageaustralia.com.au

Translation of documents not in English

All documents not in English must be accompanied by a certified English translation of the original.

ASSESSMENT PROCESS

The Australian Institute of Radiography assesses qualifications obtained outside Australia for Radiographers, Radiation Therapists and Sonographers only. Your application for assessment is considered by this Institute's Overseas Qualifications Assessment Panel.

Diagnostic Radiography, Radiation Therapy and Ultrasound qualifications obtained outside Australia are assessed for equivalency with the Australian standard at the time of qualifying. The assessment is based on guidelines from the National Office of Overseas Skills Recognition (AEI-NOOSR) within the Commonwealth Department of Education, Science and Training (DEST). Information on equivalency is available on their website www.dest.gov.au/noosr

See *Country Education Profiles* and *Guide to Professional Recognition in Australia*.

The assessment will result in one of three decisions:

- *Unconditional recognition* with the issue of an AIR Statement of Accreditation in either diagnostic radiography or radiation therapy. For Medical ultrasound, acceptance is a Certificate of Recognition in Ultrasound.
- *Conditional rejection* until evidence is produced of successful completion of a period of further approved training.
- *Rejection* until evidence is produced of successful completion of an accredited Medical Radiations Science (degree) course that meets the Australian Standards.

APPEAL AGAINST ASSESSMENT FINDINGS

You have a right of appeal against the findings and recommendations of the Overseas Qualifications Assessment Panel. An appeal must be in writing and signed by you (the applicant). *An e-mail or faxed copy is not acceptable.* The letter is to state clearly the grounds for the appeal and include supporting documentation relating to the grounds for the appeal.

The cost of the Appeal process is AUD\$200.00. This payment must be submitted with the Appeal documentation. If you are a resident in Australia this cost is to include GST and therefore will be AUD\$220.00

The Appeal must be lodged within three (3) months of the date of the Assessment Panel's decision.

Post letter of appeal to: The Executive Officer
 Australian Institute of Radiography
 PO Box 1169
 Collingwood Victoria 3066
 AUSTRALIA

The Appeal is decided and resolved by the Council of the Australian Institute of Radiography.

FEE-HELP

This loan scheme is available for courses that have been recommended by the relevant assessing authority for recognition in your profession in Australia.

FEE-HELP is a government loan scheme to pay fees for bridging courses or study to enable overseas trained professionals to meet the requirements for entry into their profession in Australia.

To be eligible for the loan scheme, overseas trained professional must fulfil certain residency and other requirements.

See www.goingtouni.gov.au or FEE-HELP hotline on 1800 020 108